



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/936,841
		Filing Date	March 1, 2002
		First Named Inventor	Martin CALDWELL
		Group Art Unit	3731
		Examiner Name	Michael Thaler
Total Number of Pages in This Submission	32	Attorney Docket Number	741890-20

<b>ENCLOSURES (check all that apply)</b>					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s): <i>(please identify below)</i> Second Substitute Specification Mark-Up Specification			
		<b>RECEIVED</b>			
		APR 06 2004			
		TECHNOLOGY CENTER 2000			
		Remarks <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 (741890-20) for the above identified docket number.			

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	Tim L. Brackett, Reg. No. 36,092 Nixon Peabody LLP 401 9th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	April 1, 2004

<b>CERTIFICATE OF MAILING OR TRANSMISSION</b>	
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Name (Print/Type)	
Signature	Date

APR 01 2004

**FEE TRANSMITTAL  
for FY 2004**

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 475.00)

Complete if Known	
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Art Unit	3731
Attorney Docket No.	741890-20

**RECEIVED****METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None

 Deposit Account:

Deposit Account Number **19-2380 (741890-20)**

Deposit Account Name **Nixon Peabody LLP**

**The Director is authorized to: (check all that apply)**

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001	385 Utility filing fee
1002	340	2002	170 Design filing fee
1003	530	2003	265 Plant filing fee
1004	770	2004	385 Reissue filing fee
1005	160	2005	80 Provisional filing fee

**SUBTOTAL (1) (\$)****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims	Fee from below	Fee Paid
Total Claims	16	-20** = 0	X	=
Independent Claims	3	- 3** = 0	X	=
Multiple Dependent			X	=

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$)**

\*\*or number previously paid, if greater; For Reissues, see above

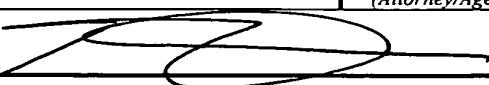
FEE CALCULATION (continued)			
<b>APR 06 2004</b>			
<b>3. ADDITIONAL FEES</b>			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)		
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$ 475)****CERTIFICATE OF MAILING OR TRANSMISSION**

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**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Tim L. Brackett, Jr.	Registration No. (Attorney/Agent)	36,092	Telephone	(202) 585-8000
Signature				Date	April 1, 2004



Attorney Docket No. 741890-20

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re PATENT application of )  
Martin CALDWELL et al. )  
Application No. 09/936,841 ) Group Art Unit: 3731  
Filed: March 1, 2002 ) Examiner: Michael Thaler  
Confirmation No. 1503 )  
For: A SURGICAL ACCESS DEVICE )

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**  
APR 06 2004  
TECHNOLOGY CENTER R3700

Sir:

In response to the Official Action mailed October 3, 2003, please amend the above-identified patent application as follows.